

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 10/17/2004		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 10/19/2004					
		FINANCIAL PAYER: NCDMM					
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8505	2006	CLAIM DENIED DUE TO INSUFFICIENT BUDGET			
		8599	132	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	40	2256	2423 167
		8800	43	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.			
3404902	BLUE RIDGE COMMUNITY	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0 0
3404904	WESTERN HIGHLAND DS LME	8599	473	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		8517	145	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED BY	46	873	1405 532
		8518	74	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY			
3404905	TREND COMMUNITY AL HLTH CTR	8525	73	CLAIM DENIED, REFERRING PROVIDER MUST BE AN LMA.			
		191	1	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME	0	74	74 0
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0 0
3404910	PATHWAYS	8329	91	CLAIM DENIED ATTENDING PROVIDER CANNOT BE THE SAME AS THE LMA			
		8621	25	60 RESIDENTIAL LEVEL III TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	164	500 336
		8599	22	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404912	CATAWBA COUNTY ENTAL HEALTH	8931	101	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.			
		8599	18	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	104	154	1125 971
		8000	15	NO RATE AVAILABLE ON FILE TO PROCESS THIS CLAIM DETAIL			
3404913	MECKLENBURG COUNTY ENTAL HEALTH	8599	1101	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		8517	944	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED BY	1266	5690	10995 5305
		8329	739	CLAIM DENIED ATTENDING PROVIDER CANNOT BE THE SAME AS THE LMA			

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404916	CROSSROADS BEHA	8517	455	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
	VIORAL HEAL							
		8518	368	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	6	919	6722	5803
		8599	35	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM	8599	774	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	AN SERVICES							
		11	164	CLIENT NOT ELIGIBLE ON SERVICE DATE	150	1179	2441	1262
		8935	84	ASTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404918	ROCKINGHAM CO M	11	279	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	ENTAL HEALT							
		0	0		0	279	280	1
3404919	GUILFORD CO MEN	8599	182	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	TAL HEALTHC							
		8931	44	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	96	339	3346	3007
		8935	40	ASTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404920	ALAMANCE CASWEL	0	0	*** NO DATA TO REPORT ***				
	L AREA MH D							
		0	0		0	0	0	0
3404921	ORANGE PERSON C	8329	666	CLAIM DENIED ATTENDING PROVIDER CANNOT BE THE SAME AS THE LMA				
	HATHAM AREA							
		5312	581	PRIOR AUTHORIZED DOLLARS EXCEED	33	1732	3903	2171
		8599	161	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT	11	343	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	ER							
		8329	2	CLAIM DENIED ATTENDING PROVIDER CANNOT BE THE SAME AS THE LMA	0	345	345	0
3404923	VGFW AREA AUTHO	8599	466	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	RITY							
		21	44	DUPLICATE OF CLAIM-SYSTEM	0	578	3807	3229
		10	39	DIAGNOSIS OR SERVICE INVALID FOR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404925	SANDHILLS CENTE R FOR MH/DD	8599	387	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		10	372	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	103	1817	6823	5006
		21	276	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE G MENTAL HL	11	611	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8517	131	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	110	1148	3747	2599
		8599	96	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8505	237	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	180	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	635	2574	1939
		8517	63	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404929	LEE HARNETT MH/ DD/SAS	8952	14	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION				
		8599	13	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	53	394	341
		11	9	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404930	JOHNSTON COUNTY MNTL HLTHC	8931	114	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	59	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	147	303	3925	3622
		10	51	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404931	WAKE CO HUM SVC BILLING OF	143	27	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
		8599	24	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	59	76	17
		23	8	SERVICE REQUIRES PRIOR APPROVA L				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	34	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8000	22	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	21	129	1702	1573
		11	21	CLIENT NOT ELIGIBLE ON SERVICE DATE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404934	ONSLOW COUNTY B EHAVIORAL H	8599	96	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8517	73	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	0	272	670	398
		8518	63	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	11	31	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8931	19	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	25	97	1164	1067
		8517	11	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404937	EDGECOMBE NASH MNTL HLTH C	8517	40	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		21	15	DUPLICATE OF CLAIM-SYSTEM	3	68	1485	1417
		8599	5	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404938	VGFV DBA RIVERS TONE COUNSE	10	34	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
		8599	34	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	23	113	1025	912
		24	17	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	77	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8517	76	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	0	326	1422	1096
		10	43	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404941	PITT CO MR/DD/S AS CENTER	21	203	DUPLICATE OF CLAIM-SYSTEM				
		8599	146	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	51	657	2068	1411
		537	74	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404942	ROANOKE CHOWANH UMAN SERVIC	8931	8	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	15	36	556	520
		11	7	CLIENT NOT ELIGIBLE ON SERVICE DATE				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTAL HEALTH CE	21	78	DUPLICATE OF CLAIM-SYSTEM				
		8599	44	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	48	314	2882	2568
		5404	37	SEVERE DUPLICATE: SAME ATTD PROOV/PCODE/TOS/DOS/MOD				
3404944	EASTPOINTE HUMAN SERVICES	8599	169	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	55	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	82	351	3646	3295
		8621	30	60 RESIDENTIAL LEVEL III TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404946	FOOTHILLS AREAMENTAL HEALTH	8599	241	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8517	189	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED	119	968	7555	6587
		191	136	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404957	TIDE LAND MENTAL HEALTH CTR	21	15	DUPLICATE OF CLAIM-SYSTEM				
		11	9	CLIENT NOT ELIGIBLE ON SERVICE DATE	3	31	60	29
		5404	3	SEVERE DUPLICATE: SAME ATTD PROOV/PCODE/TOS/DOS/MOD				
3404959	DAVIDSON CO MENTAL HLTH CT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREAMH/DD/SA PRO	8599	164	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	119	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	129	362	7520	7158
		11	38	CLIENT NOT ELIGIBLE ON SERVICE DATE				